

Demonstrated benefits of guideline-recommended heart failure therapies

| Guideline-recommended therapy | Relative risk reductions in pivotal randomized clinical trial(s) (%) | Number needed to treat for mortality benefit (standardized to 12 m) | Relative risk reduction in meta-analysis |
|--|---|--|---|
| Angiotensin converting enzyme inhibitor OR angiotensin II receptor blocker | 17 | 77 | 20% |
| Beta-blocker therapy (carvedilol, bisoprolol, extended release metoprolol succinate) | 34 | 28 | 31% |
| Aldosterone antagonist | 30 | 18 | 25% |
| Hydralazine plus nitrate | 43 | 21 | Not available |
| Cardiac resynchronization therapy | 36 | 24 | 29/22% |
| Implantable cardioverter defibrillator | 23 | 70 | 26% |

Original figure modified for this publication. Fonarow GC, Yancy CW, Hernandez AF, et al. Potential impact of optimal implementation of evidence-based heart failure therapies on mortality. *Am Heart J* 2011; 161:1024. Table used with the permission of Elsevier Inc. All rights reserved.

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